



SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO
FAMILY COURT SERVICES
1130 'O' Street
Fresno, CA 93721
(559) 457-2100 (option #4)

Family Court Services Intake Form

Please complete pages 3-4 of this packet PRIOR to Your Mediation Appointment

Orientation:

- ❖ The Court will provide you with the date and time for you to attend the FCS Orientation. Participation in the **FCS Orientation is ordered by the Court and is essential to your success in the Mediation session.** The Orientation will provide essential information about:
 - Standard Language in custody orders,
 - Common parenting plans for different age children, and
 - General information on how to best prepare for your Mediation appointment.

Purpose of Mediation:

- ❖ The Family Court Services Mediator can help parties formulate full or partial agreements regarding the following issues:
 - How the children will spend time with each party (regular time and holidays)
 - How the parties will make legal decisions about the children
 - How the children will be transported and exchanged for the visits
 - Participation in programs or services that may be beneficial for the family
 - Safety Considerations
- ❖ Financial considerations including division of property, child support and spousal support are not addressed in Family Court Services Mediation.

Confidentiality:

- ❖ Pursuant to Family Code §3188, Mediation is private and confidential. The mediator may not make a recommendation as to custody or visitation to anyone other than the parties participating in the mediation appointment. Other than reporting the parties' agreement to the Court, the mediator will not disclose what occurred in mediation with the following exceptions:
 - If the Mediator determines there is reasonable suspicion of **danger to one of the parties** or others, the mediator is required to report suspected child abuse, elder abuse, and/or if someone is a danger to themselves others to the appropriate agency.
 - In the event of a **partial agreement**, with consent from all parties, the Mediator will report the partial agreement to the Court, as well as a list, in neutral terms, of the unresolved issues

Family Court Services Intake Form (cont.)

Interpreters:

- ❖ If you do not speak English, you must **bring your own interpreter** to your mediation appointment. Failure to bring your own interpreter may result in cancellation of your Mediation appointment.
- ❖ **Si usted no habla Inglés, usted debe traer su propio intérprete. La falta de traer su propio intérprete puede resultar en la cancelación de su Mediación de custodia de los hijos.**

Documents:

- ❖ The Family Court Services Mediator has access to documents filed with the Court. The Mediator may discuss documents provided by the parents during the mediation session, for the sole purpose of facilitating an agreement between the parties regarding custody and visitation. The Mediator will NOT retain any documents presented by the parties during the Tier I mediation.

Separate Sessions:

- ❖ Pursuant to Family Code §3181, where there has been a history of domestic violence between the parties or where a protective order as defined in §6218 is in effect, at the request of the party alleging domestic violence in a written declaration under penalty of perjury or protected by the order, the Mediator appointed pursuant to this chapter shall meet with the parties separately and at separate times.
- ❖ **If you feel that separate sessions are appropriate due to a history of domestic violence, please contact Family Court Services IMMEDIATELY to complete a “Request for Separate Sessions”. This request must be submitted to Family Court Services at least five days prior to your Mediation appointment.**

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FAMILY COURT SERVICES INTAKE FORM

PERSONAL INFORMATION

Name: _____ **Other Names Used:** _____
(First) (Middle) (Last) (Nickname, Aliases, Maiden Name)

Address: _____ **City:** _____
(Number and Street Name) (Apartment No.)

State: _____ **Zip:** _____ **County:** _____

Phone Number(s): () _____ () _____ **Date of Birth:** _____
(Home) (Work / Cell)

Social Security Number: _____ - _____ - _____ **Driver's License Number:** _____ **State:** _____

OTHER PARENT / PARTY'S PERSONAL INFORMATION

Other Parent's / Party's Name: _____ **Date of Birth:** _____
(First) (Middle) (Last)

Social Security Number: _____ - _____ - _____ **Driver's License Number:** _____ **State:** _____

EMPLOYMENT

Employer (If Unemployed, Please Write "Unemployed"): _____

Work Schedule: MON TUES WED THURS FRI SAT SUN **Work Hours:** _____

ATTORNEY

Name: _____ **Phone Number:** _____

MINOR CHILDREN IN THIS CASE

Name	DOB	School	Name	DOB	School

OTHER ADULTS IN YOUR HOME

Name	DOB	Relationship	Name	DOB	Relationship

DOMESTIC VIOLENCE

1. **Is there currently a Restraining Order in effect protecting you or the other parent?** NO YES: _____
Expiration Dated: _____
2. **Are you, under penalty of perjury, alleging that there is a history of domestic violence between you and the other parent?** YES NO
3. **If you answered 'YES' to question #2, were the child/ren present during the abuse / violence?** YES NO
4. **Are you requesting a separate mediation session due to a history of domestic violence between you and the other parent?** YES NO

If you answered 'YES' to questions #2 and #4, please immediately contact Family Court services at (559) 457-2100 (option #4) to receive a packet regarding your request for separate mediation sessions.

QUESTIONNAIRE

1. Do you currently have a Court order for custody and visitation: YES NO

Describe how much time each parent has with the child/ren since your separation?

2. Please provide two (2) detailed visitation schedule options, including specific days and times for exchanges:

Visitation schedule A: Sole Legal Sole Physical Joint Legal Joint Physical

Holiday Schedule:

Easter: _____ Thanksgiving: _____ Christmas: _____

Visitation schedule B: Sole Legal Sole Physical Joint Legal Joint Physical

Holiday Schedule:

Easter: _____ Thanksgiving: _____ Christmas: _____

3. Approximately, how many miles do you reside from the other parent? _____

4. Major areas of concern that would justify limited contact between the child/ren and the other parent:

Please bring copies of any documentation regarding your major areas of concerns to the Mediation appointment.
(i.e. Police reports, CPS reports, School records, Criminal Background checks, Drugs test, Medical records)

- Substance abuse
- Exposure to criminal behavior/Arrest History
- Child/ren's resistance to visitation
- Child/ren's poor academic performance
- Neglect of medical care
- History of child abuse / CPS/ Police involvement
- Use of inappropriate discipline
- Unavailability of other parent to care for the child/ren

Briefly summarize the concerns you have regarding the custody and/or welfare of the child/ren:

SIGNATURE

I declare that the foregoing information, as provided in this entire form, is true and correct.

(Date)

(Signature)